Ontario

**Inspection Report Under the**
**Fixing Long-Term Care Act, 2021**

**Ministry of Long-Term Care**
Long-Term Care Operations Division
Long-Term Care Inspections Branch

**Hamilton District**
119 King Street West, 11th Floor
Hamilton, ON, L8P 4Y7
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# Original Public Report

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| **Report Issue Date: June 25, 2024** | |
| **Inspection Number:** 2024-1220-0001 | |
| **Inspection Type:**<br>Critical Incident | |
| **Licensee:** Six Nations of the Grand River | |
| **Long Term Care Home and City:** Iroquois Lodge Nursing Home, Ohsweken | |
| **Lead Inspector**<br>Melody Gray (123) | **Inspector Digital Signature** |
| **Additional Inspector(s)** | |

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): April 30, 2024 and May 1, 2, 3, 6, 7, 9, 2024.
The following intake(s) were inspected:

- Intake: #00105622 -
- Critical Incident System (CIS) 2724-000002-24 - related to medication management.

The following **Inspection Protocols** were used during this inspection:

Medication Management
Infection Prevention and Control

# INSPECTION RESULTS

## WRITTEN NOTIFICATION: Medication management system

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
**Non-compliance with: O. Reg. 246/22, s. 123 (2)**
Medication management system
s. 123 (2) The licensee shall ensure that written policies and protocols are developed for the medication management system to ensure the accurate acquisition, dispensing, receipt, storage, administration, and destruction and disposal of all drugs used in the home.
In accordance with O. Reg. 246/22 s. 11 (1) (b), the licensee is required to ensure that the Medication Management policies and procedures are complied with.
The licensee failed to ensure that the medication management policies and procedure were complied with.
Specially, the staff did not comply with policy #RC-24-01-02 dated October 2023 and related protocol algorithm and reports included in the identified medication management program.

### Rationale and Summary

A) On an identified date, a resident experienced a change in their health status and was noted to have identified symptoms. An assessment was completed and it confirmed the change in their health status. The resident received treatment and was transferred to hospital. The policy and procedures, indicated the staff were to complete two documents related to the resident's change in health status. The documents were not in the resident's clinical record. The Director of Care (DOC)

confirmed the staff were required to complete the documents, but they did not complete them.

B) Later that day, the resident returned to the home and had another change on their health status. The resident was assessed and the assessment confirmed they were experiencing the identified health incident. The staff provided an identified treatment.

The resident's Medical Directives were reviewed and indicated the staff were to follow the policy and procedures and administer a specific treatment to the resident. The staff did not follow the policy and procedure noted in the resident's Medical Directives related to administering the treatment to the resident. The staff did not complete the documents as directed by the home's policy and procedures.

**Sources:** The home's policy #RC-24-01-02 dated October 2023 and related protocol and reports; the resident's clinical record including progress notes and Medical Directives; Registered staff and the DOC. [123]

## WRITTEN NOTIFICATION: Medication incidents adverse drug reactions

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 147 (2) (c)**

Medication incidents and adverse drug reactions

s. 147 (2) In addition to the requirement under clause (1) (a), the licensee shall ensure that,

(c) a written record is kept of everything required under clauses (a) and (b). O. Reg. 66/23, s. 30.

The licensee failed to ensure a written record was kept of everything required under clauses (a) and (b).

**Rationale and summary**

The DOC was requested to provide the written record of the review and analysis of specific medical incidents and use of the specific medication and it was not provided. Four quarterly Professional Advisory Committee (PAC) meeting minutes provided by the DOC were reviewed and they did not include documentation of review and analysis of the identified incidents. The Administrator was asked to provide the written record of the review and analysis of the identified medical incidents and it was not provided.

**Sources:** The DOC, the Administrator and PAC meeting minutes. [123]